

TOWN OF MILFORD - WELFARE DEPARTMENT
Library Annex
One Union Square, Milford NH 03055
Phone (603) 673-3735 Fax (603) 672-1077

VERIFICATIONS REQUIRED FROM APPLICANTS FOR WELFARE

To apply for General Welfare Assistance, the following information must be presented at the time of your interview. All items are required (unless otherwise specified).

A good-faith effort to obtain information which may not immediately be available may not delay processing. If you cannot obtain the requested verifications, with you alternative means of providing the required proof will be discussed.

Failure to make a good faith-effort to obtain required verifications or to complete the application **may delay processing of the application or may result in denial of assistance.**

- ☐ 1. IDENTIFICATION – Proof of identification such as picture ID, license, birth certificate, social security card.
- ☐ 2. MARITAL STATUS – Proof of marriage, divorce, or separation.
- ☐ 3. CHILDREN – Birth or baptismal certificate, social security card.
- ☐ 4. RESIDENCY – Lease, rent receipt or statement from person with whom you are staying or from whom you are renting. (Welfare Official is responsible for obtaining a Rental Verification form.)
- ☐ 5. EXPENSES – Bills from utilities, gas/oil/propane, telephone, cable, storage unit, credit cards, medical facilities, cell phone, internet access, insurance, car payment, etc. Documentation of all expenses for household members for the 4 weeks prior to application (a log of expenses showing where, and on what items, has money been spent).
- ☐ 6. INCOME – Recent paycheck stubs – 4 weeks prior to application (if necessary, a Wage Verification form will be used by the Welfare Official). Court ordered support payments, Workers' Compensation, Social Security benefits, Unemployment, Child Support, and any other income received by the household for all adults and children (including those under the age of 18 who are not currently attending high school).
- ☐ 7. STATE AID – Documentation on State Assistance – TANF, Food Stamps, Health, Childcare, etc. or Termination Notice from State Welfare office for assistance.
- ☐ 8. CHILD SUPPORT BEING PAID – Documentation on child support for which you are responsible for paying.
- ☐ 9. PROPERTY – Proof of real or personal property such as registrations or deeds for all motor vehicles, trailers, boats, RVs, ATVs, motorcycles, snowmobiles, ownership of houses or land not being lived on, etc.
- ☐ 10. CASH RESOURCES – Bank statements and balances for all savings, checking, credit union, 401K accounts, stocks, bonds, trusts, etc. If children have stocks or bonds, must provide proof that neither they nor you have access to funds.
- ☐ 11. UNEMPLOYMENT – Termination notice from previous employer (or Verification of Termination of Employment form may be used by the Welfare Official). Documentation on Unemployment appointments and job searches.
- ☐ 12. MEDICAL – Doctor's note from physician if unable to be employed. Receipts from prescriptions and medical supplies.

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APPLICATION FOR TOWN OF MILFORD WELFARE ASSISTANCE

For Welfare Official: Caseworker _____ Date _____ Referred by _____

Name of Casehead _____

(the individual who is applying for the household)

Address _____

Telephone _____

Date of Birth _____ Social Security _____

Marital Status _____ If Married, Date _____ If Separated, Date _____

If Divorced, Date _____ Was support court ordered? _____

Name of Spouse / Significant Other _____

Address, if different than yours _____

Date of Birth _____ Social Security _____

Other persons living in household

Name	Date of Birth	Social Security	Relationship
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List additional members on separate sheet, if necessary.

Name of other relatives – father, mother, stepfather, stepmother, son, daughter, husband or wife. In accordance with State Statute RSA 165:19, any relation who may be deemed able to assist must be identified.

EMPLOYMENT RECORD

FOR CASEHEAD

Current Employer_____

Length Employed (Date you started)_____

Salary – how much per hour x number of hours worked per week_____

Previous Employer_____

Length Employed (Date you started and date you left)_____

Salary – how much per hour x number of hours worked per week_____

Reason for separation_____

Previous Employer_____

Length Employed (Date you started and date you left)_____

Salary – how much per hour x number of hours worked per week_____

Reason for separation_____

FOR SPOUSE/SIGNIFICANT OTHER OR OTHERS IN HOUSEHOLD

Current Employer_____

Length Employed (Date you started)_____

Salary – how much per hour x number of hours worked per week_____

Previous Employer_____

Length Employed (Date you started and date you left)_____

Salary – how much per hour x number of hours worked per week_____

Reason for separation_____

Previous Employer_____

Length Employed (Date you started and date you left)_____

Salary – how much per hour x number of hours worked per week_____

Reason for separation_____

EDUCATIONAL BACKGROUND

Casehead Last grade attended_____ Job Training_____

Spouse/Sig Other Last grade attended_____ Job Training_____

OTHER SOURCES OF HOUSEHOLD INCOME AND BENEFITS

	YES	NO	IF YES, HOW MUCH
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sick Benefits (Short-term or Long-term disability)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business Profits	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interest (bank, credit union, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income from relatives or boarders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is rent subsidized (Sect 8, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Energy Assistance payments (Fuel Assistance)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Civil Suit pending or settlement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Annuity or trust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supplemental Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other pensions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
WIC	<input type="checkbox"/>	<input type="checkbox"/>	_____
Commodity Foods (SNHS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
IRS refund recently received	<input type="checkbox"/>	<input type="checkbox"/>	_____
Support payments (If not receiving, what have you done to collect?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
State Welfare	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	_____
TANF (Temp Assistance to Needy Families)	<input type="checkbox"/>	<input type="checkbox"/>	_____
APTD (Aid to the Perm and Totally Disabled)	<input type="checkbox"/>	<input type="checkbox"/>	_____
ANB (Aid to the Needy and Blind)	<input type="checkbox"/>	<input type="checkbox"/>	_____
OAA (Old Age Assistance)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Care Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medicaid (Health Insurance for Adults)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Healthy Kids (Health Insurance for Minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other sources of income _____			

ASSETS / PROPERTIES

	YES	NO
Do you own rental property?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a boat, RV, ATV, motorcycle, Snowmobile, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own your own home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own undeveloped land?	<input type="checkbox"/>	<input type="checkbox"/>

List any and all property registered individually or jointly in your name regardless of location.

*In accordance with State Statute RSA 165:14, a lien will be placed against any property.
You must bring in a copy of any and all deeds.*

MOTOR VEHICLES

Year, Model, & Make of Car _____	Copy of Registration Received	<input type="checkbox"/>
Year, Model, & Make of Car _____	Copy of Registration Received	<input type="checkbox"/>

BANK ACCOUNTS

Checking (Name of Bank) _____	Copy of bank statement received	<input type="checkbox"/>
_____	Amount \$ _____ as of _____	(date)

Savings (Name of Bank) _____	Copy of bank statement received	<input type="checkbox"/>
_____	Amount \$ _____ as of _____	(date)

Other Savings, 401K, etc. _____	Copy of bank statement received	<input type="checkbox"/>
_____	Amount \$ _____ as of _____	(date)

Other Savings, 401K, etc. _____	Copy of bank statement received	<input type="checkbox"/>
_____	Amount \$ _____ as of _____	(date)

EXPENSES

How much do you pay for the following?

WEEKLY

MONTHLY

Rent _____

Rental Insurance _____

Electricity _____

Gas/Oil/Propane _____

Child Chare _____

Child Support _____

Medical _____

Automobile Payments _____

Automobile Insurance _____

Automobile Gasoline _____

Telephone _____

Cell Phone _____

Legal Fees _____

Fines _____

Food _____

Cable _____

Internet Access _____

Storage Unit _____

Other _____

Other _____

ASSISTANCE REQUEST

Have you ever received any kind of public assistance? YES ☐ NO ☐

When _____ Where _____ For What _____

What kinds of assistance are you requesting now? (What is your most pressing bill?)

Why do you need assistance? What are the circumstances leading up to your applying for Welfare?

Additional forms will be provided State Welfare release form, MAPS signature page, Welfare to Work

CERTIFICATION

I/We hereby certify that the information I/we have provided on this application is true and complete to the best of my/our knowledge and belief and provides an accurate summary of my/our situation, assets, and needs. All the information I/we have provided in response to questions asked by the Welfare Official is also true and complete to the best of my/our knowledge and belief.

I/we understand I/we may have to provide documents and/or other forms of verification to prove the information asked on the application.

I/we understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I/we may be prosecuted for a crime.

Signature of Casehead

Signature of Spouse/Significant Other

Date

Date

REIMBURSEMENT AGREEMENT

I/We agree to reimburse the Town of Milford for Welfare Assistance, if possible at some future date. Such recovery of these expenses will be through a program of payment under State Statute RSA 165:28b.

Signature of Casehead

Signature of Spouse/Significant Other

Date

Date

PENDING DISPOSITION

I/We agree that if I/we have a lawsuit, workers' compensation claim, or aid from any other social services agency now pending disposition, I/we will list the name, address, and phone number of my attorney, insurance company or any other agency which may be handling this claim on my behalf. ***I/we further agree to notify the Welfare Official immediately upon receipt of any money from such claim(s) or the settlement of such claim(s).*** (Reference RSA 165:28-a)

Lawyer's Name (or Insurance Company)_____

Address_____

Telephone_____

Brief description of claim_____

Signature of Casehead

Signature of Spouse/Significant Other

Date

Date

INFORMATION RELEASE

I/We understand that as part of the administration of this program, the Town of Milford may verify information I/we have provided on my/our application. There may be a need for other information that would affect my eligibility. My signature below authorizes the Welfare Official to obtain verification from any person or organization having information concerning my/our circumstances. Social Security Administration and/or the Division of Health and Human Services may release information in their files to this office. Other possible sources of verification include:

Landlord	Share	Bank Accounts	Other
Employer	SNHS	Medical	

A photocopy of this signed release may be used in place of the original.

Signature of Casehead

Signature of Spouse/Significant Other

Date

Date

WARNING

You must notify the Town of Milford Welfare Department immediately, but no later than 7 days (including weekends), if:

- There are any changes in your family income or resources.
- Any people move in or out of your home.
- Your shelter or utility expenses change.
- You move.
- Any of your children leave school.

YOU MUST USE ANY MONIES RECEIVED TO PAY FOR LIVING NECESSITIES, SUCH AS RENT, UTILITY BILLS (electric, gas, oil), FOOD AND NECESSARY MEDICAL NEEDS (as determined by a physician).

***THESE PUBLIC ASSISTANCE CONDITIONS HAVE BEEN REVIEWED WITH ME/US.
I/WE UNDERSTAND THAT I/WE MUST COMPLY WITH ANY AID REQUIREMENTS AND
THAT FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR DENIAL OF ASSISTANCE.***

Signature of Casehead

Signature of Spouse/Significant Other

Date

Date